Access to Care (ATC) Project

Preliminary Design Review - Access to Care (ATC) Project

Date/Time: Wed Sept 1, 1999 10 a.m. EST
7 a.m. PST

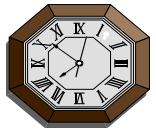
Rooms: Skyline VTC Room (East Coast)
Campus Point, D5104 (West Coast)

Video Teleconference with 1-800-FON-SAIC option, Passcode 8782

Agenda

- Introductions
  - Sign in Sheet & Review Materials
- Project Review
  - Delivery Schedule
  - Project Requirements & Design Document Review
    - Project Overview
    - Project Scope
    - Access to Care Definitions
    - Technical Assumptions
    - Requirements
    - Project Design
    - Functional Overview
    - Functional Dependencies
    - Flowchart
    - Process Narrative & Detailed Workflow
    - System Impacts
- Review of Action Items/Closing

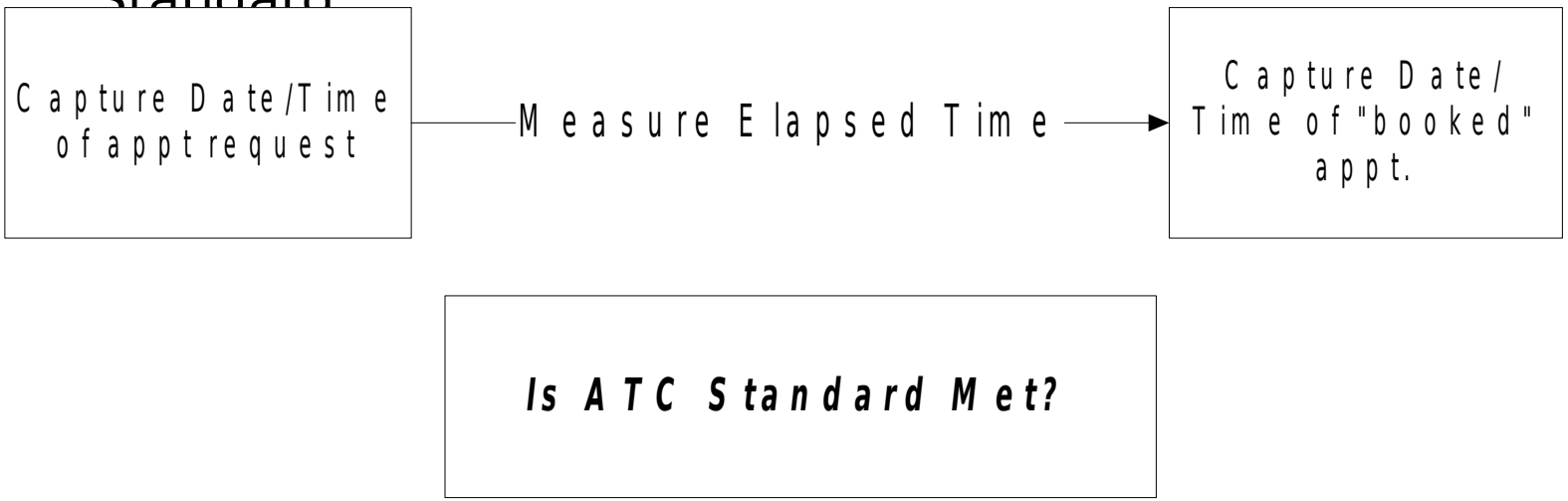
Delivery Schedule



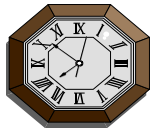
- SRR/PDR planned Sept 1, 1999
- SRR/PDR minutes posted Sept 8, 1999
- SRR/PDR anticipated Design Approval Sept 15, 1999
- Software will be packaged as a CPET+ to SMMR 2 (4.603)
- Alpha planned 1-28-2000

Project Overview/Scope

- Determine accessibility of medical care relative to Access to Care Standards for patient appointments.
- Evaluate compliance based on the 1999 Defense Authorization Act.
- Measure time between the appointment request and the time of the “Booked” appointment.
- Report number of and percentage of appointments which met or did not meet the Access to Care Standard



ATC Definitions



- Appointment Request Time:
  - Order Entry: Date/time appointment order entered/activated (CON,CLN,APR,ANC)
  - MCP: Date/time referral entered or date/time PCM appointment requested/made
  - PAS: Date/Time appointment requested/made
  - Wait list: Date/time of wait list request

- Date/Time obligation of MTF to provide care is considered “met”.
  - Date/time of scheduled (“Booked”) Appointment
  - Appointment request is fulfilled

- Access to Care Categories
  - Acute: Today + 24 hours
  - Routine: Today + 7 Days
  - Wellness: Today + 30 Days
  - Specialty: Today + 30 Days
  - Future Request: (Variable time range [e.g. 2 month post-op, 6 month immunization];
    Not reported)

Technical Assumptions/ Requirements

- Technical Assumptions
  - Please refer to Section 1.2 of PR&DD
- Requirements
  - Please reference Section 2 of PR&DD

Project Design

- UDF 095450
- DD changes and Conversion
- File & Table
- PAS Appointments
- MCP Appointments linked to referrals
- OE Orders linked to scheduled appointments
- Access to Care Report
- ASCII file

Functional Overview

- Provide capability for sites to identify clinics included in Access to Care reporting.
- Capture date/time of appointment request.
- Capture date/time of scheduled appointment.
- Calculate elapsed time from appointment request to scheduled appointment.
- Determine number of appointments and percentage of appointments which met or did not meet the Access to Care Standard - by MTF, Division, Department, Clinic, and TRICARE designation

Functional Dependencies

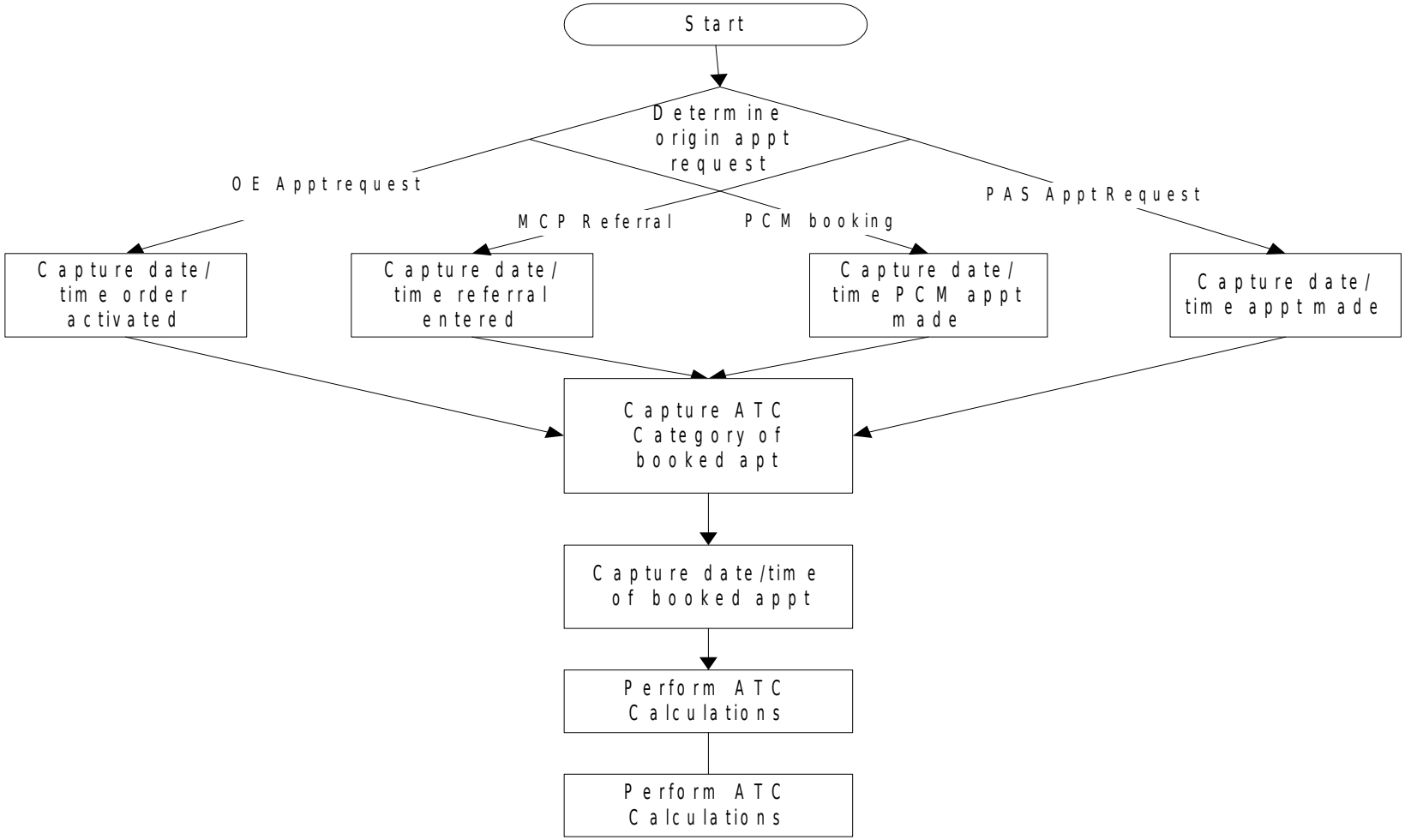
- Each MTF will need to identify Clinics (e.g. Primary Care) which they wish to include in Access to Care reporting.
- The PAS booking clerk or Health Care Finder will be required to enter an Access to Care Category for each clinic appointment, prior to performing an appointment search.

Business Rules

- CHCS will calculate the elapsed time from the appointment request to the time of the scheduled (“Booked”) appointment.
- The appointment request time will be based on the earliest time the appointment was requested, (e.g. when a patient is placed on a waitlist, when an appointment is requested via Order Entry, when an MCP referral is entered, or when a patient calls to request an appointment).
- The date/time of the “Booked” appointment will be considered the date/time that the MTF’s obligation to provide care is met.

Flowchart

- Access to Care Measurement and Reporting



DD changes, Conversions, and File & Table Build

- Access to Care Reporting
  - New field added to identify clinics included in Access to Care reporting.
  - Conversion to default the value in this new field to “Yes”.
- Access to Care Category File
  - New file for Access to Care Categories
  - (Acute, Routine, Wellness, Specialty, Future Request)
- Access to Care Category of Appointment
  - New field added to Patient Appointment file to capture the Access to Care Category of each “Booked” appointment.
- Appointment Refusal Reason
  - Existing field
  - Conversion to add appointment refusal reason code: “ATC Declined - Patient preference”
- Appointment Not Made Timeout
  - Existing field.
  - Conversion to default the value in the Appointment Not Made Timeout to a maximum of 72 hours.

Functional Enhancements Related to Booking

- PAS Booking
  - Determination of appointment requests and availability of service when appointments are booked via PAS options
    - Date/Time of Appt Request = Date/Time appt made
    - Date/Time of Scheduled Appt = Date/Time of "Booked" appt
- PCM Booking
  - Determination of appointment requests and availability of service when appointments are booked via PCM booking
    - Date/Time of Appt Request = Date/Time Appt made
    - Date/Time of scheduled Appt = Date/Time of "Booked" appt

Functional Enhancements related to Booking

- MCP Referrals
  - Determination of appointment requests and availability of service when appointments are booked via MCP and are associated with a referral
    - Date/Time Appt request = Date/Time of referral
    - Date/Time of Scheduled Appt = Date/Time of “Booked” appt
- Wait List requests
  - Determination of appointment requests and availability of service when appointments are booked from a waitlist request
    - Date/Time Appt request = Date/Time of wait list request
    - Date/Time Scheduled Appt = Date/Time of “Booked” appt

Functional Enhancements related to Booking

- Clinical orders requesting appointments
  - Determination of the appointment request date/time and availability of service when appointments are associated with clinical (Order Entry) orders.
    - Date/Time Appt request = Date/Time of order activation
    - Date/Time Scheduled Appt = Date/Time of “Booked” appt

Additional Enhancements Related to Booking

- Expand appointments
- ATC Alert message
- Appointment Refusals
- Cancel and Reschedule appointments

Access to Care Report

- Sorted by Division(s), Department, Clinic, and Access to Care Category, TRICARE designation.
- May be tasked to run once a month for the previous month.

Access to Care Summary report

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ACCESS TO CARE SUMMARY REPORT
*** ACUTE APPOINTMENTS ***
Jul 1 1999 to Jul 31 1999

Division: A DIVISION

Clinic/MEPRS TRICARE Status	% Met	# Met	# Not Met	# Appts	Avg Days	#Refusals
ALLERGY CLINIC/BABA						
TRICARE PRIME (ACTIVE DUTY)	80%	80	20	100	1.1	0
TRICARE PRIME (CHAMPUS)	80%	80	20	100	1.3	0
Clinic Total	80%	160	40	200	1.2	0
FAMILY PRACTICE/BGAA						
TRICARE PRIME (ACTIVE DUTY)	80%	80	20	100	1.1	0
TRICARE PRIME (CHAMPUS)	10%	10	90	100	1.3	0
Clinic Total	45%	90	110	200	1.2	0

* Only clinics which are identified for Access to Care reporting are included on this report. *

Access to Care Summary Report Definitions

Item	Definition
% Met	The percentage of "Booked" appointments which have met the Access to Care Standard for the specified date range.
#Met	The number of "Booked" appointments which have met the Access to Care Standard for the specified date range.
#Not Met	The number of "Booked" appointments which have not met the Access to Care Standard minus the number of appointment refusals for the specified date range.
#Appts	The total number of "Booked" appointments within the clinic within the specified date range. Appointment refusals will not be included in the total number of appointments.
Avg Days	The average number of days from the appointment request to when the appointment is "Booked" for the specified date range.
#Refusals	The number of patient appointment refusals for the specified date range. Only patient refusals with a coded refusal reason of ATC Declined – Patient Preference will be included on the ATC Summary report.

Example: Initial Clinic data captured by system:
#Met = 90 (reported)
#Not Met (raw) = 20
#Refusals = 10

System Calculations:
#Not Met (True) = #Not Met (raw) - #Refusals = 20 – 10 = 10 (reported)
#Appts = #Met + #Not Met (True) = 90 + 10 = 100 (reported)
% Met = 90/100 = 90%

Access to Care ASCII File

- Access to Care (ATC) summary information available to other CHCS systems in ASCII files .
  - Each ATC ASCII file will contain information for clinics in one Division/DMIS ID.
  - The Electronic Transfer Utility (ETU) may be used to transfer files.
  - The Site Software Specialist will need to configure the ETU.
  - Files may be organized by Group ID, DMIS ID, Region.
  - Files may be regenerated for a selected month.

Access to Care ASCII File

- Naming convention:

```
ATC GGGG DDDD RR SSS MTFAB MOYR MMDDYYYYNNNN .DAT –GZ
1    2    3   4   5    6    7        8         9   10

   Where:

   1)      ATC           = 'Access to Care'
   2)      GGGG          = Group ID
   3)      DDDD          = DMIS ID
   4)      RR            = Region Code
   5)      SSS           = The first three letters of the Computer Node
                           of the Host Platform the files originated
                           from.
   6)      MTFAB         = Medical Treatment Facility abbreviation
   7)      MOYR          = Month and Year of ATC Summary data
   8)      MMDDYYYYNNNNN = Timestamp of Creation, where MM is month, DD
                           is day of the month, YYYY is the year, and
                           NNNNN is the number of elapsed seconds since
                           midnight.
   9)      .DAT          = 'DAT' required file extension.
  10)      -GZ           = Indicates the file has been compressed with
                           GZIP.
```

System Impacts

- Access to Care System Impacts
  - Please reference Systems Impacts portion of PR & DD

Closing

- Review of Action Items
- Fax attendance list from East Coast